



# OHIO DEPARTMENT OF HEALTH

246 North High Street  
Columbus, Ohio 43215

614/466-3543  
[www.odh.ohio.gov](http://www.odh.ohio.gov)

John R. Kasich/Governor

Lance Himes/Director of Health

Tiffany Seifman, Executive Director  
Miami Valley Women's Center, Inc.  
2345 W. Stroop Road  
Dayton, OH 45439

Dear Ms. Seifman:

Thank you for your interest in the Choose Life Program and for your application for the Choose Life funding. The application(s) was approved for the following county(s) in the amount(s) of:

• Greene	\$800.00
• Montgomery	\$640.00
• Clark	\$160.00
• Madison	\$0.00
• Fayette	\$40.00
• Clinton	\$10.00
• Miami	\$200.00
• Preble	\$20.60
• Butler	\$255.00

The application(s) was not approved for funding in the following county(s) for the following reason(s):

- Warren Other applicant organization located in county

Enclosed is a copy of the application as was submitted. You should receive an award totaling \$2,125.60 within the next 30 days.

If you have any questions, please contact the Choose Life Program Consultant, Marius Igwe at [Marius.Igwe@odh.ohio.gov](mailto:Marius.Igwe@odh.ohio.gov) or 614-466-4634.

Sincerely,

Lance Himes  
Director of Health

**OHIO DEPARTMENT OF HEALTH (ODH)  
CHOOSE LIFE FUND  
DISTRIBUTION APPLICATION**

**Interested Organizations:** This application is due by June 1, 2018. Use this form to apply for SFY19 (July 1, 2018 to June 30, 2019) Choose Life Funds. It is important that you completely fill in the requested information and include all other required documentation. An application will only be considered when all required documents and information has been provided by the deadline.

**I. ODH and Organization Information.**

<b>Organization</b>	Miami Valley Women's Center, Inc.
<b>OAKS Supplier Number &amp; Address Code</b>	0000208596; 1
<b>Federal Tax ID Number</b>	
<b>Street Address</b>	2345 W. Stroop Road
<b>City, State Zip code</b>	Dayton, OH 45439
<b>County of Location Providing Services</b> <i>(Entity must be physically present in the county to apply for funding; Only one Application Per Location)</i>	Montgomery County
<b>Address where ODH should Direct Payment</b>	2345 W. Stroop Road Dayton, OH 45439
<b>Counties of Service</b> <i>This location serves women from the following counties:</i>	Greene, Montgomery, Miami, Preble, Butler, Clark, Warren
<b>Name of Person and Title completing application</b>	Tiffany Seifman, Executive Director
<b>Area Code/Phone Number</b>	937-298-9996
<b>Email</b>	Tiffany.Seifman@womenecenter.org

**II. By submitting this Application to ODH, Organization agrees to adhere to the statutory requirements for activities and use of funds as outlined in Ohio Revised Code (ORC) 3701.65 and rules under Ohio Administrative Code (OAC) 3701-74-01, and I certify that the Organization:**

- A. Meets the requirements in ORC 3701.65 and OAC 3701-74-01;
- B. Is a private, nonprofit organization;
- C. Is committed to counseling pregnant women about the option of adoption;
- D. Provides services within the state of Ohio to pregnant women who are planning to place their children for adoption, including counseling and meeting the material needs of the women;
- E. Does not charge pregnant women for any services received;
- F. Is not involved or associated with any abortion activities, including counseling for or referrals to abortion clinics, providing medical abortion-related procedures, or pro-abortion advertising;
- G. Does not discriminate in its provision of any service on the basis of race, religion, color, marital status, national origin, handicap, gender or age.

**III. Funding available in contiguous and noncontiguous counties:** Organizations may apply for Choose Life funds that may be available in contiguous and noncontiguous counties. The Organization must certify, by signing the application, that it provides services to pregnant women residing in those counties that are listed in Section I of this application. The ODH Director shall distribute funds allocated for a county as follows:

- To one or more eligible organizations located within the county (entity must be physically present in the county to apply for funding);
- If no eligible organization located within the county applies for funding, to one or more eligible organizations located in contiguous counties (entity must be physically present in the contiguous county to apply for funding);
- If no eligible organization located within the county or a contiguous county applies for funding, to one or more eligible organizations within any other county that serves women from the identified county(ies).

The director shall ensure that any funds allocated for a county are distributed equally among eligible organizations that apply for funding within the county.

**IV. For Current Choose Life Organizations:** By June 1, 2018, the following (A & B) is required with this Application:

A. One (1) of the following three (3) forms of reporting for the previous year, June 1, 2017 to May 31, 2018, ("Acceptable Form of Reporting"), which will be incorporated into the terms of this Application:

1. **An Audited Financial Statement.** This audited financial statement is required if Organization traditionally has an audited financial statement that is available at the time of application. The audited financial statement must be prepared by an independent Certified Public Accountant (CPA). The CPA should be familiar with current accounting standards. Statements must verify that the Choose Life funds were used as follows:
  - a) *Not more than sixty percent (60%) of the funds were used for the material needs of pregnant women who are planning to place their children for adoption or for the infants awaiting placement with adoptive parents, including clothing, housing, medical care, food, utilities, and transportation;*
  - b) *Not more than forty percent (40%) of the funds were used for counseling, training, or advertising;*
  - c) *None of the funds were used for administrative expenses, legal expenses, or capital expenditures; or*
2. **Notarized Financial Statement Form.** This form of reporting may be used if the organization does not traditionally have an audited financial statement and to have one would create a hardship. The statement must verify that the Choose Life Funds were used as follows:
  - a) *Not more than sixty percent (60%) of the funds were used for the material needs of pregnant women who are planning to place their children for adoption or for the infants awaiting placement with adoptive parents, including clothing, housing, medical care, food, utilities, and transportation;*
  - b) *Not more than forty percent (40%) of the funds were used for counseling, training, or advertising;*
  - c) *None of the funds were used for administrative expenses, legal expenses, or capital expenditures; or,*
3. **Expenditure Tracking Form.** This form of reporting may be used if Organization does not traditionally have an audited financial statement and a financial statement is not available at the time of application. This form may be found on the ODH website or available upon request; and,

B. **Update Supplier Information online.** If Organization has any changes to the information requested in Section I of the application, it must update its account on the OAKS Supplier module. To update supplier account online at the OAKS Supplier Self-Registration module visit: [www.supplier.obm.ohio.gov](http://www.supplier.obm.ohio.gov).

Assistance in completing Supplier information can be obtained directly from Ohio Shared Services by calling: 1(877) OHIO-SS1, (1-877-644-6771).

**V. For New Choose Life Organization Applicants:** By June 1, 2018, the following (A & B) is required with this application:

- A. Organization must register online using the OAKS Supplier Self-Registration module at [www.supplier.obm.ohio.gov](http://www.supplier.obm.ohio.gov);
- B. Complete one (1) original, signed W-9 form per Organization. If your Organization has multiple locations, please choose the location where you would prefer a check to be mailed (*required*);
- C. Any Organization may opt for electronic deposit by completing the *Authorization Agreement for Direct Deposit of EFT Payments form (optional)*.

Assistance in completing the form(s) can be obtained directly from Ohio Shared Services by calling: 1(877) OHIO-SS1, (1-877-644-6771).

**VI. By June 1, 2019, all Organizations** shall submit to ODH one of the three forms of reporting from Section IV.A., above, verifying compliance with the rules regarding the use of funds received during the year (June 1, 2018–May 30, 2019).

By my signature, I certify that I have the authority to act on behalf of the above-named Organization and that the information provided in this Application is true and accurate to my knowledge and belief. Further, by my signature, I acknowledge that I understand and Organization agrees that in accepting Choose Life Funds, Organization must comply with the terms and conditions of RC 3701.65 as set forth in this Application or risk the forfeiture of and be obliged to return said Choose Life Funds in the event Organization does not conduct itself in the manner prescribed above.

05/29/2018

Date

*Tiffany Seifman*

Signature of Person Completing Application

Tiffany Seifman, Executive Director

[Print Name & Title]

**Application to be submitted to:**

ODH/Choose Life Fund  
Bureau of Maternal, Child and Family, Attention: Marius Igwe  
246 North High Street, 6<sup>th</sup> floor  
Columbus, OH 43215

Contact Marius Igwe with questions at [Marius.Igwe@odh.ohio.gov](mailto:Marius.Igwe@odh.ohio.gov)  
or 614.466.4634.

Choose Use Fund Expenditure Form (SPY19)  
 Report Period: June 1, 2017 through May 31, 2018  
 Due June 1, 2018

Agency Name	Miami Valley Women's Center, Inc.			
Tax ID #				
Contact Name	Tiffany Seifman			
Contact Phone #	937-298-9998			
Quarters	Total Expenditures 6/1/17 Thru 5/31/18	1st Quarter 6/1/17 Thru 8/30/17	2nd Quarter 9/1/17 Thru 11/30/17	3rd Quarter 12/1/17 Thru 2/28/18
Carryover SPY 17 Amount	\$ -			4th Quarter 3/1/18 Thru 5/31/18
Award Amount	\$ 7,117.00			
Material Needs of Pregnant Women at 60%	\$ 4,270.20			
Clothing Costs				
Housing Costs	\$4,284.50			\$4,284.50
Medical Care Costs	\$0.00			
Food Costs	\$0.00			
Utilities Costs	\$0.00			
Transportation Costs	\$0.00			
Other Costs (Explain)	\$0.00			
Total Material Costs	\$4,284.50	\$0.00	\$0.00	\$0.00
+/- Award Amount	\$ (14.30)			\$4,284.50
Direct Costs at 40%	\$ 2,846.80			
Counseling Costs				
Training Costs	\$2,550.00			\$2,550.00
Advertising Costs	\$0.00			
Total Direct Costs	\$2,550.00	\$0.00	\$0.00	\$2,550.00
+/- Award Amount	\$ 296.80			
Total Award Minus Materials and Direct Costs	\$ 282.50			
Award Amount @ 10% (if less than 10% of total award. The amount must be carried forwarded until depleted.)	\$ 711.70			
Refund Due ODH (June 1, 2017)	\$ -			

**SFY18 Choose Life Expenditure Detail**  
**Total Grant: \$7117.00**

**60% Material Needs - Clothing (\$4270.20)**

Item	Note	Cost	Number	Total Amount
Pull-Over Nursing T-Shirt - M		19.99	2	39.98
Pull-Over Nursing T-Shirt - L		19.99	1	19.99
Pull-Over Nursing T-Shirt - L		39.98	1	39.98
Maternity Pullover Poncho		17.48	4	69.92
Boot-Cut Jeans - 1X		27.97	4	111.88
Faux-Wrap Nursing Top - XL		13.97	2	27.94
Scoop Neck Nursing Top - L		39.98	3	119.94
Dark Wash Maternity Jeans - XS		13.97	3	41.91
Maternity Plus Size Jeans - 1X		17.47	2	34.94
Maternity Plus Size Jeans - 2X		17.47	1	17.47
Tiered Nursing Top - XL		13.49	6	80.94
Tiered Nursing Top - XS		13.49	4	53.96
Tiered Nursing Top - S		13.49	2	26.98
Tiered Nursing Top - M		13.49	2	26.98
Wrap Nursing Top - XL		39.98	3	119.94
Draped Nursing Top - L		13.97	2	27.94
Maternity V-Neck T-Shirt - XS		9.99	3	29.97
Maternity V-Neck T-Shirt - XL		9.99	3	29.97
Maternity Ruched V-Neck T-Shirt - XS		9.99	3	29.97
Maternity Ruched V-Neck T-Shirt - S		9.99	3	29.97
Maternity Ruched V-Neck T-Shirt - XL		9.99	3	29.97
Maternity Jersey T-Shirt - XS		9.99	3	29.97
Maternity Jersey T-Shirt - XL		9.99	3	29.97
Skinny Maternity Jeans - XS		49.98	3	149.94
Skinny Maternity Jeans - XL		49.98	3	149.94
Skinny Maternity Jeans - S		49.98	1	49.98
Skinny Maternity Jeans - M		49.98	1	49.98
Maternity Babydoll Blouse - XL		10.47	3	31.41
French Terry Nursing Top - XL		39.98	3	119.94
Striped Nursing Top - XL		14.99	3	44.97
Striped Nursing Top - S		14.99	3	44.97
Striped Nursing Top - M		29.98	3	89.94
Nursing Striped Top - XL		29.98	3	89.94
Nursing Striped Top - S		29.98	3	89.94
Nursing Striped Top - M		29.98	2	59.96
Nursing Striped Top - L		29.98	3	89.94
Maternity Plus Size Dark Wash Jeans - 3X		49.98	3	149.94
Maternity Plus Size Dark Wash Jeans - 1X		49.98	1	49.98
Pull-Over Nursing T-Shirt - XS		39.98	3	119.94
Pull-Over Nursing T-Shirt - S		39.98	3	119.94
Jersey Wrap-Front Nursing Top - XS	3 ea - Charcoal / Pocket Full of Posey	18.00	6	108.00
Jersey Wrap-Front Nursing Top - S	3 ea - Charcoal / Pocket Full of Posey	18.00	6	108.00
Jersey Wrap-Front Nursing Top - M	3 ea - Charcoal / Pocket Full of Posey	18.00	6	108.00



Jersey Wrap-Front Nursing Top - L	3 ea - Charcoal / Pocket Full of Posey	18.00	6	108.00
Jersey Wrap-Front Nursing Top - XL	3 ea - Charcoal / Pocket Full of Posey	18.00	6	108.00
Jersey Wrap-Front Nursing Top - XXL	3 ea - Charcoal / Pocket Full of Posey	18.00	6	108.00
Jersey Wrap-Front Nursing Top - XS	3 ea - Black	22.99	3	68.97
Jersey Wrap-Front Nursing Top - S	3 ea - Black	22.99	3	68.97
Jersey Wrap-Front Nursing Top - L	Black	22.99	1	22.99
Jersey Wrap-Front Nursing Top - XL	Black	22.99	1	22.99
Jersey Wrap-Front Nursing Top - XXL	3 ea - Black	22.99	3	68.97
Open Front Nursing Cardi - XS	Charcoal	28.99	1	28.99
Maternity Fitted Scoop-Neck Tee - XL	Blue Stripe	9.00	2	18.00
Maternity Fitted Scoop-Neck Tee - XXL	Blue Stripe	9.00	2	18.00
Maternity Fitted Scoop-Neck Tee - XXL	Warm Stripe	9.00	2	18.00
Maternity Fitted Ballet-Neck Tee - XXL	Black	17.00	2	34.00
Maternity Fitted Ballet-Neck Tee - XL	Black	17.00	2	34.00
Maternity Fitted Ballet-Neck Tee - XS	Black	17.00	3	51.00
Maternity Fitted Ballet-Neck Tee - XL	Lost at Sea Navy	19.99	2	39.98
Maternity Fitted Ballet-Neck Tee - XXL	Lost at Sea Navy	19.99	2	39.98
Maternity Fitted Ballet-Neck Tee - S	Lost at Sea Navy	19.99	1	19.99
Maternity Fitted Ballet-Neck Tee - M	Lost at Sea Navy	19.99	1	19.99
Maternity Full-Panel Skinny Jeans - 18 Reg		28.00	2	56.00
Maternity Full-Panel Skinny Jeans - 16 Reg		28.00	2	56.00
Maternity Full-Panel Skinny Jeans - 14 Reg		28.00	2	56.00
Maternity Full-Panel Skinny Jeans - 1 Reg		28.00	3	84.00
Maternity Fitted Rib-Knit Henley Tank - XXL	Lost at Sea Navy	6.50	3	19.50
Maternity Fitted Rib-Knit Henley Tank - XXL	Maroon Jive	6.50	1	6.50
Maternity Fitted Rib-Knit Henley Tank - XXL	Blank Slate	6.50	3	19.50
Maternity V-Neck Bump Skimming Tank - XS	Black	11.50	3	34.50
Maternity V-Neck Bump Skimming Tank - M	Black	11.50	2	23.00
Maternity V-Neck Bump Skimming Tank - L	Black	11.50	1	11.50
Maternity V-Neck Bump Skimming Tank - XL	Black	11.50	3	34.50
Maternity Floral-Print Flutter-Sleeve Blouse - XXL	Yellow Floral	29.78	2	59.56
Maternity Floral-Print Flutter-Sleeve Blouse - S	Yellow Floral	29.99	1	29.99
<b>Total</b>				<b>4,284.50</b>

40% Direct Costs - Counseling (\$2,846.80)

Item

Item	Cost	Number	Total Amount
What About Adoption?	1.20	1000	1,200.00
Basic Decision Making	3.00	50	150.00
Looking at Adoption	3.00	300	900.00
The Me I See	1.20	150	180.00
Me I See for Guys	1.20	100	120.00
<b>Total</b>			<b>2,550.00</b>

**Total Spent:**

**6,834.50**

**OHIO DEPARTMENT OF HEALTH (ODH)  
CHOOSE LIFE FUND  
DISTRIBUTION APPLICATION**

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**I. ODH and Organization Information.**

<b>Organization</b>	Miami Valley Women's Center, Inc.
<b>OAKS Supplier Number &amp; Address Code</b>	0000208596; 1
<b>Federal Tax ID Number</b>	
<b>Street Address</b>	245 S. Allison Avenue
<b>City, State Zip code</b>	Xenia, OH 45385
<b>County of Location Providing Services</b> <i>(Entity must be physically present in the county to apply for funding; Only one Application Per Location)</i>	Greene County
<b>Address where ODH should Direct Payment</b>	2345 W. Stroop Road Dayton, OH 45439
<b>Counties of Service</b> <i>This location serves women from the following counties:</i>	Greene, Montgomery, Clark, Madison, Fayette, Clinton, Warren
<b>Name of Person and Title completing application</b>	Tiffany Seifman, Executive Director
<b>Area Code/Phone Number</b>	937-298-9998
<b>Email</b>	Tiffany.Seifman@womenscenter.org

**II. By submitting this Application to ODH, Organization agrees to adhere to the statutory requirements for activities and use of funds as outlined in Ohio Revised Code (ORC) 3701.65 and rules under Ohio Administrative Code (OAC) 3701-74-01, and I certify that the Organization:**

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b) *Not more than forty percent (40%) of the funds were used for counseling, training, or advertising;*

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05/29/2018

Date

*Tiffany Seifman*

Signature of Person Completing Application

Tiffany Seifman, Executive Director

[Print Name & Title]

**Application to be submitted to:**

ODH/Choose Life Fund  
Bureau of Maternal, Child and Family, Attention: Marius Igwe  
246 North High Street, 6<sup>th</sup> floor  
Columbus, OH 43215

Contact Marius Igwe with questions at [Marius.Igwe@odh.ohio.gov](mailto:Marius.Igwe@odh.ohio.gov)  
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